

## QUESTIONS ABOUT THE TENNCARE RENEWAL PROCESS:

### **Why does TennCare have a renewal process for TennCare enrollees?**

Three reasons:

1. To determine if current enrollees are still eligible for TennCare benefits. This helps TennCare maintain the integrity of the eligibility system by ensuring only those eligible receive benefits.
2. To ensure the TennCare Bureau has the correct information on file for enrollees.
3. To comply with state and federal laws.

### **What can enrollees do if they have questions about the renewal process?**

Call the TennCare information line at 1-800-669-1851 for free. Enrollees can also call their local Human Services caseworker.

### **Who has to complete the renewal process?**

This process is for non-Medicaid TennCare enrollees. (These members are also referred to as the waiver population and TennCare Standard enrollees.) The Medicaid population renews coverage throughout the year in a separate process.

### **How often will TennCare require the waiver population to renew coverage?**

Enrollees can expect to renew their TennCare coverage once about every 12-15 months. The January 22, 2004 mailing marks the next round of a rolling notification process. Going forward, TennCare and Human Services will continuously work together as approximately 15,000 TennCare households are notified every month about the need to begin their annual renewal process.

### **What is TennCare checking for?**

- Enrollee name
- Enrollee address
- Enrollee social security number
- Income status
- Access to insurance
- Confirmation of qualifying medical condition when necessary

### **How is this renewal process different from the previous process?**

In several ways.

- The January 22, 2004 mailing marks the next round of a rolling notification process. Unlike years past, TennCare and Human Services will NOT renew the entire waiver population within a few months.
- To better manage Human Services worker loads, TennCare will mail notices to about 15,000 households each month. (The average TennCare household is approximately 4 individuals).
- TennCare will also work to spread renewal notification across the state so as not to overload any one Human Services office.
- TennCare and Human Services have conducted training sessions in all 95 counties to help better prepare caseworkers for the renewal process.

- TennCare and Human Services worked with TennCare advocates to simplify the renewal application and provide clearer instructions for enrollees.
- TennCare has established a dedicated help desk within the TennCare information line for enrollees with medical eligibility (ME) questions.
- Enrollees have more time to complete ME packets (60 days instead of 45).
- If enrollees send in their renewal forms on time but are missing information, there is an automatic 30-day extension.
- If enrollees lose their renewal paperwork, they can receive replacement packets through the TennCare information line (1.800.669.1851) and at Human Services offices.

### **What do enrollees have to do during the renewal process?**

Enrollees should wait until their household receives a renewal notice. They will have 90 days from the time TennCare mails the notice to complete the process. There will be a deadline date printed on their renewal letter. The process requires enrollees to fill out the forms as completely as possible and get them to their Human Services worker BEFORE the deadline.

### **What if enrollees lose their notice or paperwork?**

If an enrollee has received a notice about renewal and cannot find it, replacement packets are available through the TennCare hotline (1.800.669.1851) and at Human Services offices.

### **How long does an enrollee have to complete the renewal process?**

Enrollees have 90 days from the date TennCare mails the renewal notice to fill out the renewal forms as completely as possible and get them to their Human Services worker. There will be a deadline date printed on the renewal notice letter.

### **What if an enrollee can't finish the renewal process on time?**

There is an automatic 30-day extension for enrollees who turn in their renewal forms on time but with missing information. Enrollees should complete as much of the renewal forms as possible and get them to their Human Services worker before the deadline, even if they are not complete.

### **How long will enrollees have to complete the medical eligibility (ME) packet if they need it to qualify for TennCare?**

Enrollees have 60 days to complete the ME packet (up from the previous 45-day deadline).

### **Will some enrollees lose TennCare coverage because of the renewal process?**

This annual renewal process helps ensure that only those eligible for the program receive benefits. If enrollees no longer qualify for TennCare coverage they will not be able to continue to receive TennCare benefits.

**Will enrollees be able to appeal TennCare's decision if they are removed from the program and disagree with TennCare's reason?**

Yes. Enrollees will continue to have appeal rights.

**Is the administrative appeals process the same as before?**

The TennCare Bureau has made significant improvements to the administrative appeals process over the past year. The entire administrative (non-medical service appeals) appeals division has been reorganized to better serve enrollees by streamlining the resolution of appeals. Working closely with advocates, the following improvements are now in place:

- Created a system to log every appeal received. TennCare can now track every appeal at every step of the appeals process.
- Instituted a central Triage Unit to receive and assign all appeals. Triage also resolves matters applicants and enrollees submit if it requires an administration action rather than a hearing.
- Developed a Trouble Shooting Unit specifically designed to handle special projects like backlogged cases.
- Created an Appeals Resolution Unit that aggressively works to resolve the appeal directly and, where possible, avoid the time and expense of a hearing.